



CAMPAIGN CONTRIBUTION STATEMENT
MULTI - CANDIDATE POLITICAL COMMITTEE
SECRETARY OF STATE
SFN 11520 (12-2005)

Secretary of State
State of North Dakota
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Bismarck ND 58505-0500
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Web Site: www.nd.gov/sos

SEE REVERSE SIDE FOR REPORTING REQUIREMENTS AND INSTRUCTIONS

Campaign contribution reporting provisions are found in North Dakota Century Code, Chapter 16.1-08.1.

Please print.

Section A

Full name of multi-candidate political committee (e.g. Bismarck Area Republican Council, Bismarck Dems)			
Acronym of committee name if applicable (e.g. BARC)			
Committee address (street address or post office box)	City	State	Zip Code
Name of person completing this report		Daytime Telephone #	

Section B

TYPE OF REPORT	ELECTION DATE	REPORT DUE DATE	REPORT COVERS
<input type="checkbox"/> PRE-PRIMARY ELECTION REPORT		Due twelve days before the election	From beginning of the election year through twenty days before election
<input type="checkbox"/> PRE-GENERAL ELECTION REPORT			
<input type="checkbox"/> PRE-SPECIAL ELECTION REPORT			
<input type="checkbox"/> YEAR END REPORT		January 31 each year	Entire previous calendar year
<input type="checkbox"/> 48-HOUR REPORT		Within 48 hours if a contribution in excess of \$500 is received within 20 days before the election	Twenty day period before election
<input type="checkbox"/> AMENDED (also mark applicable report being amended above)			

Section C (This section does not apply to 48-hour reports)

Cash on hand in fund at <u>beginning</u> of reporting period (January 1 or date of your committee registration)	\$ _____
Cash on hand in fund at <u>end</u> of reporting period	\$ _____
Gross total of all contributions received in excess of \$200	\$ _____
Gross total of all contributions received of \$200 or less	\$ _____

Section D

I, _____, certify that I have examined this Campaign Contribution	
Print name of person completing this report	
Statement, including any attached addenda for filing with this statement, and to the best of my knowledge and belief it is true, correct and complete.	
_____	_____
Signature of person completing this report	Date

REPORTING REQUIREMENTS

MULTI - CANDIDATE POLITICAL COMMITTEES: A multi - candidate political committee that solicits or accepts contributions for any political purpose shall file a Campaign Contribution Statement. The statement must include the name and mailing address of all contributors who contributed in excess of \$200 in the aggregate during the reporting period; the amount of each reportable contribution; and the date each reportable contribution was received. If the multi - candidate committee receives a contribution of \$5,000 or more they need to disclose the occupation, employer and principal place of business of the contributor. Multi - candidate committees must report the gross total of all contributions received during the reporting period as well as the total cash on hand in the filers account at the start and end of a reporting period. **Note:** **Schedule # 2** is for reporting contributions of \$5,000 or more being additional information is required to be given on these particular contributors.

Even if the multi - candidate political committee has not received any contributions in excess of \$200 during the reporting period, the committee shall file a statement, as required by Chapter 16.1-08.1 of the North Dakota Century Code, indicating that no reportable contributions were received. The boxes "No Reportable Contributions for Reporting Period" and "No Reportable Contributions Since Last Report Filed" are provided on Schedule #1 for this purpose.

TYPES OF REPORTABLE CONTRIBUTIONS:

A gift, transfer, conveyance, provision, receipt, subscription, loan, advance, deposit of money, or anything of value, made for the purpose of influencing the nomination for election, or election, of any person to public office or aiding or opposing the circulation or passage of a statewide initiative or referendum petition or measure.

The term also means a contract, promise, or agreement, express or implied, whether or not legally enforceable, to make a contribution for any of the above purposes.

The term includes funds received by a candidate for public office or a political party or committee, which are transferred or signed over to that candidate, party, or committee from another candidate, party, or political committee or other source.

The term "anything of value" includes any good or service of more than a nominal value. The term "nominal value" means the cost, price, or worth of the good or service is trivial, token, or of no appreciable value. The term "contribution" does not include:

1. A loan of money from a bank or other lending institution made in the regular course of business.
2. Time spent by volunteer campaign or political party workers.
3. Money spent by a candidate on the candidate's own behalf.
4. Money or anything of value received for commercial transactions, including rents, advertising, or sponsorships made as a part of a fair market value bargained-for exchange.
5. Money or anything of value received by a candidate in that person's personal capacity, including pursuant to a contract or agreement made for personal or private employment purposes, and not received for a political purpose or to influence the performance of that person's official duty.
6. Contributions of products or services for which the actual cost or fair market value are reimbursed by a payment of money.

INSTRUCTIONS FOR CAMPAIGN CONTRIBUTION STATEMENT

SECTION A: Campaign Contribution Statement, must include information for contact purposes. The statement must indicate the name of the committee, committee address, name of person completing the report and a daytime telephone number.

SECTION B: Campaign Contribution Statements must indicate whether the report is a pre-primary, pre-general, pre-special, year-end, 48-hour or amended report.

SECTION C: Enter cash on hand at the start of the reporting period. That would be January 1 of the reporting year or registration date of your committee. Enter cash on hand at the end of the reporting period. Enter the gross total of all contributions received in excess of \$200 and the gross total of all contributions received of \$200 or less. This section does not apply when filing a 48-hour report.

SECTION D: The person completing the report must certify that the information contained in the report is true, correct, and complete by signing and dating the Campaign Contribution Statement.

Aggregate contributions must reference the date of the most recent contribution. Contributions made separately by different persons from joint accounts are considered separate contributions for reporting purposes.

FILING INSTRUCTIONS: Campaign Contribution Statements are deemed properly filed when deposited with or delivered to the Secretary of State within the prescribed time. A statement that is mailed is deemed properly filed when it is postmarked and directed to the Secretary of State within the prescribed time. If a statement is not received by the Secretary of State, a duplicate of the statement must be promptly filed upon notice by the Secretary of State of its nonreceipt.

WHERE TO FILE:

Secretary of State, State of North Dakota
600 E Boulevard Ave Dept 108
Bismarck ND 58505-0500 Fax 701-328-2992

SCHEDULE #1 - Contributions Received In Excess of \$200 and under \$5,000

Attach additional pages if necessary. Please print.

- ☐ No reportable contributions for reporting period.
- ☐ No reportable contributions since last report filed.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE BISMARCK ND 58501	\$ 250	03/15/05

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	

SCHEDULE # 2 - Contributions Received of \$5,000 or more

Attach additional pages if necessary. Please print.

CONTRIBUTOR NAME	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
EXAMPLE DOE, JOHN	100 1ST AVENUE BISMARCK ND 58501	\$ 5,000	03/15/05
OCCUPATION : DOCTOR	EMPLOYER: GENERAL HOSPITAL	PRINCIPAL PLACE OF BUSINESS ADDRESS: ABC STREET, BISMARCK, ND 58501	

CONTRIBUTOR NAME (last name, first name)	ADDRESS	AGGREGATE CONTRIBUTIONS	DATE OF MOST RECENT CONTRIBUTION MONTH/DAY/YEAR
1		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
2		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
3		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
4		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
5		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
6		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
7		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	
8		\$	
OCCUPATION :	EMPLOYER:	PRINCIPAL PLACE OF BUSINESS ADDRESS:	